

SERIAL NUMBER <div style="text-align: center;">09/252,925</div>	FILING DATE <div style="text-align: center;">02/19/99</div>	CLASS <div style="text-align: center;">370</div>	GROUP ART UNIT <div style="text-align: center;">2731</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">35.C13340</div>
--	--	---	---	---

APPLICANT

SHINJI OHNISHI, YOKOHAMA-SHI, JAPAN; TAKASHI KOBAYASHI, YOKOHAMA-SHI, JAPAN; SHINICHI HATAE, KAWASAKI-SHI, JAPAN; MITSUO NIIDA, YOKOHAMA-SHI, JAPAN.

****CONTINUING DOMESTIC DATA***** none**
 VERIFIED
TJS

****371 (NAT'L STAGE) DATA***** none**
 VERIFIED
TJS

****FOREIGN APPLICATIONS*******

VERIFIED	JAPAN	10-042656	02/24/98	yes
	JAPAN	10-057265	03/09/98	yes
<u>TJS</u>	JAPAN	10-153426	06/02/98	yes

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <u>TJS</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">JPX</div>	SHEETS DRAWING <div style="text-align: center;">25</div>	TOTAL CLAIMS <div style="text-align: center;">36</div>	INDEPENDENT CLAIMS <div style="text-align: center;">18</div>
---	---	--	---	---	---

ADDRESS

SEE CUSTOMER NUMBER: 005514

TITLE

DATA COMMUNICATION SYSTEM, DATA COMMUNICATION METHOD, DATA COMMUNICATION APPARATUS AND DIGITAL INTERFACE

FILING FEE RECEIVED <div style="text-align: center;">\$2,608</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
---	---	--